

Accident Investigation Report

Use with 296-800-320 Accidents and Incidents, Investigating and Reporting

This sample report form can help document the findings of a preliminary investigation into an accident or incident in your workplace. You can copy and use this form or make your own. Fill out an investigation report as soon as possible after an accident or incident.

Employee(s) name(s): _____

Time & date of accident/incident: _____

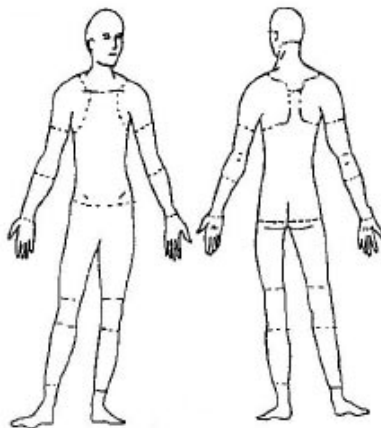
Job title(s) and department(s): _____

Supervisor/lead person: _____

Witnesses: _____

Brief description of the accident or incident: _____

Indicate body part affected:



Did the injured employee(s) see a doctor?

() Yes () No

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If yes, did you file an employer's portion of a worker's compensation form?

() Yes () No

Did the injured employee(s) go home during their work shift?

() Yes () No

If yes, list the date and time injured employee(s) left job(s): _____

Supervisor's Comments: _____

What could have been done to prevent this accident/incident? _____

Have the unsafe conditions been corrected?

() Yes () No

If yes, what has been done? _____

If no, what needs to be done? _____

Employer or Supervisor's signature: _____

Date: _____

Additional comments/notes: _____